U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

|   | For Official Use Only |
|---|-----------------------|
|   | W21877                |
| E |                       |

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 13069  | 2. Fiscal Year Covered From:                             |
|---|--|
|   | 1 / 1 / 2004 Through: 12 / 31 / 2004                     |
| 3. Name and address of person filing.                             | 4. Name, file number, and address of labor organization. |
| Name Thomas J O'Donnell   | Name IBEW Local 431                                      |
|   | Labor Organization File Number 032-086                   |
| P.O. Box, Bldg., Room No., if any Suite 205                       | P.O. Box, Building and Room Number, if any Suite 205     |
| Street 1828 N. Meridian St.                                       | Street 1828 N. Meridian St.                              |
| City Indianapolis   | City Indianapolis  |
| State Indiana ZIP Code + 4 46202-1471                             | State Indiana ZIP Code + 4 46202-1471                    |
| 5. Position in labor organization.  Business Mgr./Financial Secty |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transaction monetary value from an employer whose en | s (including loans) with, or<br>mployees your organizat | derived income or other economic benefit of lon represents or is actively seeking to represent. |
|---|---|---|
| 6. Name and address of Employer (including trade  | name, if any).  | 7.a. Nature of Interest, Transaction, or Income.  |
| Name  |   |   |
| Trade Name, if any:   |   |   |
| P.O. Box, Bldg., Room No., if any   |   |   |
|   |   | 7.b. Amount.  |
| Street  |   |   |
| City  |   |   |
| State ZIP   | Code + 4  |   |

#### Signature

| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |    |                    |                               |
|--|----|--------------------|-------------------------------|
| Signed Thomas J Chonnell   | On | 08/12/2005<br>Date | 317/923/2596 Telephone Number |

| Name of Person Filing | Thomas O'Donnell | File Number U- |
|-----------------------|------------------|----------------|
|                       |                  |                |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Legacy Professionals LLP a. Labor Organization Trade Name, if any: Certified Public Accountants X b. Trust P.O. Box, Bldg., Room No., If any Suite 1f c. Employer Street 9301 Calumet Avenue Munster City State Indiana ZIP Code + 4 46321 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Entertainment Name Legacy Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$513 City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount.

| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. entertainment |      |
|--|--|------|
| Name Wachovia Financial Services  Trade Name, if any:  |  |      |
| P.O. Box, Bldg., Room No., if any Suite 200  |  |      |
| Street 8888 Keystone Crossing  |  |      |
| City Indianapolis  |  |      |
| State Indiana ZIP Code + 4 46240   |  |      |
| 13.b. Is the Business an Employer or Consultant X ?  | 14.b. Amount of payment.               | \$12 |

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#### Part B Continuation Page

|   | The state of the s |
|---|--|
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:  |
| Name Legacy Professionals LLP                                   | a. Labor Organization  |
| Trade Name, if any: Certified Public Accountant                 | d. Labor Organization  |
| P.O. Box, Bidg., Room No., if any Suite 1f                      | × b. Trust   |
| Street 901 Calumet Avenue                                       | c. Employer  |
| City Munster  |  |
| State Indiana ZIP Code + 4 46321                                |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |
| Name Legacy   | Meal expense   |
| Trade Name, if any:   |  |
| Haue Name, it arry.   |  |
| P.O. Box, Bldg., Room No., if any                               |  |
| Street  |  |
| City  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$151  |
|   | 12.a. Nature of interest held or income received.  |
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|   | 12.b. Amount.  |

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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Allegiant  | a. Labor Organization                                 |
| Trade Name, if any: National City Bank                          | a. Labor Organization                                 |
| P.O. Box, Bidg., Room No., if any                               | × b. Trust  |
| Street  | c. Employer   |
|   |   |
|   |   |
| State Indiana ZIP Code + 4                                      |   |
| 10. If 9.b. or 9.c. Is checked give trust or employer's name.   | 11,a. Nature of such deafing.                         |
| Name Mark O. Minar  | Entertainment/meals                                   |
| Trade Name, if any:   |   |
| P.O. Box, Bidg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$378 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount.   |
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## **Part B Continuation Page**

| 8. Name and address of Business (including trade name, if any).  | 9. Business deals with:  |  |
|--|--|--|
| Name Indianapolis Electrical JATC  | a. Labor Organization  |  |
| Trade Name, if any: Apprenticeship School P.O. Box, Bldg., Room No., if any  | × b. Trust   |  |
| Street 1751 Lawndale Avenue  City Indianapolis   | c. Employer  |  |
| State Indiana ZIP Code + 4 46241   |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  Name JATC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City | 11.a. Nature of such dealing.  Meal expense (comm. business)   |  |
| State ZIP Code + 4   | 11.b. Approximate dollar value of such dealing. \$1  12.a. Nature of interest held or income received. |  |
|  | 12.b. Amount.  |  |

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## Part B Continuation Page

| 8. Name and address of Busine             | ess (including trade name, if any). | 9. Business deals with:                           |       |
|---|-------------------------------------|---|-------|
| Name Indianapolis Ele                     | ectrical JATC                       | a. Labor Orgenization                             |       |
| Trade Name, if any: Apprenticeship School |                                     |   |       |
| P.O. Box, Bldg., Room No., if a           | nny                                 | × b. Trust  |       |
| Street 1751 S. Lawndale                   | e Avenue                            | c. Employer                                       |       |
| City Indianapolis                         |                                     |   |       |
| State Indiana                             | ZIP Code + 4 46241                  |   |       |
| 10. If 9.b. or 9.c. is checked give       | trust or employer's name.           | 11.a. Nature of such dealing.                     |       |
| Name JATC                                 |                                     | entertainment/tuxedo                              |       |
| Trade Name, if any:                       |                                     |   |       |
| P.O. Box, Bldg., Room No., if al          | пу                                  |   |       |
| Street                                    |                                     |   |       |
| City                                      |                                     |   |       |
| State                                     | ZIP Code + 4                        | 11.b. Approximate dollar value of such dealing.   | \$194 |
|   |                                     | 12.a. Nature of interest held or income received. |       |
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|   |                                     | 12.b. Amount.                                     |       |
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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                 |
| Trade Name, if any: Apprenticeship School                       | × b. Trust  |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street 1751 S. Lawndale Avenue                                  | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46241                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name JATC   | Meal Expense-Committee Christmas dinner               |
| Trade Name, If any:   |   |
| P.O. Box, Bidg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Coda + 4  | 11.b. Approximate dollar value of such dealing. \$112 |
|   | 12.a. Nature of interest hald or income received.     |
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|   | 12.b. Amount.   |

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## Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                 |
| Trade Name, fany: Apprenticeship School                         | × b. Trust  |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street 1751 S. Lawndale Avenue                                  | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46241                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name JATC   | Conference Registration Fee                           |
| Trade Name, If any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$855 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount.   |

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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                                |
|---|--|
| Name Indianapolis Electrical JATC                               | a. Labor Organization                                  |
| Træde Name, if any: Apprenticeship School                       | ★ b. Trust   |
| P.O. Box, Bldg., Room No., if any                               |  |
| Street 1751 S. Lawndale Avenue                                  | c. Employer  |
| City Indianapolis   |  |
| State Indiana ZIP Code + 4 46241                                |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                          |
| Name JATC   | Entertainment/meal expense for Construction Conference |
| Trade Name, if any:   |  |
| P.O. Box, Bidg., Room No., if any                               |  |
| Street  |  |
| City  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar va'ua of such dealing. \$112  |
|   | 12.a. Nature of interest held or income received.      |
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|   | 12.b. Amount.  |

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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                              |
|---|--|
| Name Indianapolis Electrical JATC                               | a. Labor Org∈nization                                |
| Trade Name, fany: Apprenticeship School                         | ★ b. Trust   |
| P.O. Box, Bidg., Room No., if any                               |  |
| Street 1751 S. Lawndale Avenue                                  | c. Employer  |
| City Indianapolis   |  |
| State Indiana ZIP Code + 4 46241                                |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                        |
| Name JATC   | International Foundation Conference-Meals            |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any                               |  |
| Street  |  |
| City  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$76 |
|   | 12.a. Nature of interest held or income received.    |
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|   | 12.b. Amount.  |

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## Part B Continuation Page

| 8. Name and address of Bus         | iness (including trade name, if any). | 9. Business deals with:                           |       |
|------------------------------------|---------------------------------------|---|-------|
| Name Indianapolis E                | electrical JATC                       | a. Labor Onganization                             |       |
| Trade Name, if any: Appre          | enticeship School                     |   |       |
| P.O. Box, Bldg., Room No., i       | if any                                | × b. Trust  |       |
| Street 1751 S. Lawnda              | ale Avenue                            | c. Employer                                       |       |
| City Indianapolis                  |                                       |   |       |
| State Indiana                      | ZIP Code + 4 46241                    |   |       |
| 10. If 9.b. or 9.c. is checked giv | e trust or employer's name.           | 11.a. Nature of such dealing.                     |       |
| Name JATC                          |                                       | meals/committee meetings                          |       |
| Trade Name, if any:                |                                       |   |       |
| P.O. Box, Bldg., Room No., if      | fany                                  |   |       |
| Street                             |                                       |   |       |
| City                               |                                       |   |       |
| State                              | ZIP Code + 4                          | 11.b. Approximate dollar value of such dealing.   | \$116 |
|                                    |                                       | 12.a. Nature of interest held or income received. |       |
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|                                    |                                       | 12.b. Amount.                                     |       |
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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                              |
|---|--|
| Name Indianapolis Electrical JATC                               | a. Labor Ongarization                                |
| Trade Name, if any: Apprenticeship School                       |  |
| P.O. Box, Bldg., Room No., if any                               | X b. Trust   |
| Street 1751 S. Lawndale Ave.                                    | c. Employer  |
| City Indianapolis   |  |
| State Indiana ZIP Code + 4 46241                                |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                        |
| Name JATC   | Interviews-meals                                     |
| Trade Name, if any:   |  |
| P.O. Box, Bldg , Room No., if any                               |  |
| Street  |  |
| City  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$40 |
|   | 12.a. Nature of interest held or income received.    |
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|   | 12.b. Amount.  |

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#### Part B Continuation Page

| 8. Name and address of Busine          | ss (including trade name, if any). | 9. Business deals with:                           |       |
|--|------------------------------------|---|-------|
| Name Indianapolis Ele                  | ctrical JATC                       | a. Labor Organization                             |       |
| Trade Name, if any: Apprent            | iceship School                     |   |       |
| P.O. Box, Bidg., Room No., if ar       | ny                                 | X b. Trust  |       |
| Street 1751 S. Lawndale                | Ave.                               | c. Employer                                       |       |
| City Indianapolis                      |                                    |   |       |
| State Indiana                          | ZIP Code + 4 46241                 |   |       |
| 10. If 9.b. or 9.c. is checked give tr | ust or employer's name.            | 11.a. Nature of such dealing.                     |       |
| Name JATC                              |                                    | Graduation-meal & entertainment                   |       |
| Trade Name, if any:                    |                                    |   |       |
| P.O. Box, Bldg., Room No., if an       | y                                  |   |       |
| Street                                 |                                    |   |       |
| City                                   |                                    |   |       |
| State                                  | ZIP Coda + 4                       | 11.b. Approximate dollar va ue of such dealing.   | \$233 |
|  |                                    | 12.a. Nature of interest held or income received. |       |
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|  |                                    | 12.b. Amount.                                     |       |
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#### Part B Continuation Page

| 8. Name and address of Business (including trad           | e name, if any). | 9. Business deals with:  |
|---|------------------|--|
| Name Indianapolis Electrical JATC                         | :                | a. Labor Organization  |
| Trade Name, if any: Apprenticeship Scho                   | ool              |  |
| P.O. Box, Bldg., Room No., if any                         |                  | × b. Trust   |
| Street 1751 S. Lawndale Ave.                              |                  | c. Employer  |
| City Indianapolis   |                  |  |
| State Indiana ZIP Co                                      | de+4 46241       |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's a | name.            | 11.a. Nature of such dealing.  |
| Name JATC   |                  | Graduation Dinner Tickets  |
| Trade Name, if any:                                       |                  |  |
| P.O. Box, Bldg., Room No., if any                         |                  |  |
| Street  |                  |  |
| City  |                  |  |
| State ZIP Co  | ode + <b>4</b>   | 11.b. Approximate dollar value of such dealing. \$130  |
|   |                  | 12.a. Nature of interest held or income received.  |
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|   |                  | 12.b. Amount.  |
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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with                                |
|---|---|
| Name Blectrical Workers Benefit Trust Fund                      | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | b. Trust  |
| Street 1828 N. Meridian St.                                     | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46202-1471                           |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11,a. Nature of such dealing.                         |
| Name EWBF   | Hotel Expenses  |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$782 |
|   | 12.a. Nature of interest held or income received.     |
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|   | 12.b. Amount.   |

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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Electrical Workers Benefit Trust                           | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | ★ b. Trust  |
| Street 1828 N. Meridian St.                                     | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46202                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such deal ng.                         |
| Name EWBF   | Airfare expense                                       |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$297 |
|   | 12.a. Nature of interest hold or income received.     |
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|   | 12.b. Amount.   |

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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Electrical Workers Benefit Trust                           | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust  |
| Street 1828 N. Meridian St.                                     | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Coda + 4 46202-1471                           |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such deal ng.                         |
| Name EWBF   | Daily expenses for Marco Conference                   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$450 |
|   | 12.a. Nature of interest held or income received.     |
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#### Part B Continuation Page

| 8. Name and address of Busine          | ss (including trade name, if any).     | 9. Business deals with:                           |              |
|--|--|---|--------------|
| Name Electrical Worke                  | rs Benefit Trust                       | a. Labor Organization                             |              |
| Trade Name, if any:                    |  |   |              |
| P.O. Box, Bldg., Room No., if ar       | пу                                     | → b. Trust  |              |
| Street 1828 N. Meridian                | St.                                    | c. Employer                                       |              |
| City Indianapolis                      |  |   |              |
| State Indiana                          | ZIP Code + 4 46202-1471                |   |              |
| 10. If 9.b. or 9.c. is checked give to | rust or employer's name.               | 11.a. Nature of such dealing.                     |              |
| Name                                   |  | Marco Conference Registration fee                 |              |
| Trade Name, If any:                    |  |   |              |
| P.O. Box, Bldg., Room No., if an       | у                                      |   |              |
| Street                                 |  |   |              |
| City                                   |  |   |              |
| State                                  | ZIP Code + 4                           | 11.b. Approximate dollar value of such dealing.   | \$1,095      |
|  |  | 12.a. Nature of interest hald or income received. |              |
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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                           |
|---|---|
| Name Electrical Workers Benefit Trust                           | a. Labor Organization                             |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust  |
| Street 1828 N. Meridian St.                                     | c. Employer                                       |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46202-1471                           |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                     |
| Name EWBF   |   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.   |
|   | 12.a. Nature of interest haid or income received. |
|   | Per Diem for Marco Conference                     |
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|   | 12.b. Amount. \$600                               |

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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                              |
|---|--|
| Name AFL-CIO Housing Investments                                | a. Labor Organization                                |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust   |
| Street 1717 K Street, N.W.                                      | c. Employer  |
| City Washington   |  |
| State District of Columbia ZIP Code + 4 20036                   |  |
| 10. if 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                        |
| Name Mike Stotts  | Meal   |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any                               |  |
| Street same as above  |  |
| City  |  |
| State ZIP Cods + 4  | 11.b. Approximate dollar value of such dealing. \$83 |
|   | 12.a. Nature of interest held or income received.    |
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|   |  |
|   | 12.b. Amount.  |

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## Part B Continuation Page

| 8. Name and address of Business (including trade name, if     | any). 9. Business deals with:                     |
|---|---|
| Name Anthem, Inc.   | a. Labor Organiz <b>a</b> tion                    |
| Trade Name, if any:   |   |
| P.O. Box, Bidg., Room No., if any                             | × b. Trust  |
| Street 220 Virginia Avenue                                    | c. Employer                                       |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46                                 | 5204  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing.                     |
| Name Herb Bazemore  |   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                             |   |
| Street same as above  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.   |
|   | 12.a. Nature of interest held or income received. |
|   | Annual Retainer                                   |
|   |   |
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|   |   |
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|   | 12.b. Amount. \$1,500                             |

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#### Part B Continuation Page

| 8. Name and address of Business (include        | ding trade name, if any). | 9. Business deals with:                           |    |
|---|---------------------------|---|----|
| Name Anthem, Inc.                               |                           | a. Labor Organization                             |    |
| Trade Name, if any:                             |                           | a. Labor Organization                             |    |
| P.O. Box, Bidg., Room No., if any               |                           | × b. Trust  |    |
| Street 220 Virginia Avenue                      |                           | c. Employer                                       |    |
| City Indianapolis                               |                           |   |    |
| State Indiana                                   | ZIP Code + 4 46204        |   |    |
| 10. If 9.b. or 9.c. is checked give trust or em | ployer's name.            | 11.a. Nature of such dealing.                     |    |
| Name Herb Bazemore                              |                           |   |    |
| Trade Name, if any:                             |                           |   |    |
| P.O. Box, Bldg., Room No., if any               |                           |   |    |
| Street  |                           |   |    |
| City  |                           |   |    |
| State   | ZIP Code + 4              | 11.b. Approximate dollar value of such dealing.   |    |
| 3.3.0   |                           | 12.a. Nature of interest held or income received. |    |
|   |                           | Council Meeting Ratainer                          |    |
|   |                           |   |    |
|   |                           |   |    |
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|   |                           |   |    |
|   |                           |   |    |
|   |                           | 12.b. Amount. \$3,00                              | 00 |

File Number U-

## Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Amalgamated Trust  | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust  |
| Street One Hest Monroe  | c. Employer   |
| City Chicago  |   |
| State Illinois ZIP Code + 4 60603                               |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name John Vogel   | Labor Council Meetings-meal expense & fees            |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street same as above  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$550 |
|   | 12.a. Nature of interest hald or income received.     |
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|   | 12.b. Amount.   |

## Part B Continuation Page

| 8. Name and address of Business (including trade n           | ame, if any). | 9. Business deals with:                               |
|--|---------------|---|
| Name Amalgamated Trust                                       |               | a. Labor Organization                                 |
| Trade Name, if any:  | 4             | a. Labor Organization                                 |
| P.O. Box, Bldg., Room No., if any                            |               | × b. Trust  |
| Street One West Monroe                                       |               | c. Employer   |
| City Chicago   | İ             |   |
|  | +4 60603      |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name | ne.           | 11.a. Nature of such dealing.                         |
| Name John Vogel  |               | Entertainment @ Business Meeting                      |
| Trade Name, if any:  |               |   |
| P.O. Box, Bldg., Room No., if any                            |               |   |
| Street same as above   |               |   |
| City   |               |   |
|  |               |   |
| State ZIP Code   | 7 4           | 11.b. Approximate dollar value of such dealing. \$373 |
|  |               | 12.a. Nature of interest held or income received.     |
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|  |               | 12.b. Amount.   |
|  |               |   |

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#### Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                              |
|---|--|
| Name Amalgamated Trust  | a. Labor Organization                                |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust   |
| Street One West Monroe  | c. Employer  |
| City Chicago  |  |
| State Illinois ZIP Code + 4 60603                               |  |
| 10, If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                        |
| Name John Vogel   | Holiday Gift   |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any                               |  |
| Street same as above  |  |
| City  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$20 |
|   | 12.a. Nature of interest held or income received.    |
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|   | 12.b. Amount.  |
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## **Part B Continuation Page**

| 8. Name and address of Business (inc           | luding trade name, if any). | 9. Business deals with:                           |      |
|--|-----------------------------|---|------|
| Name 40/86 Advisors                            |                             | a. Labor Organization                             |      |
| Trade Name, if any:                            |                             |   |      |
| P.O. Box, Bldg., Room No., if any              |                             | → b. Trust  |      |
| Street 535 N. College Avenue                   | •                           | c. Employer                                       |      |
| City Carmel                                    |                             |   |      |
| State Indiana                                  | ZIP Code + 4 46032          |   |      |
| 10. If 9.b. or 9.c. is checked give trust or e | employer's name.            | 11.a. Nature of such dealing.                     |      |
| Name Ray Simpson                               |                             | 500 Race Suite/entertainment                      |      |
| Trade Name, if any:                            |                             |   |      |
| P.O. Box, Bidg., Room No., if any              |                             |   |      |
| Street same as above                           |                             |   |      |
| City   |                             |   |      |
| State  | ZIP Code + 4                | 11.b. Approximate dollar value of such dealing.   | \$50 |
|  |                             | 12.a. Nature of interest hald or income received. |      |
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|  |                             | 12.b. Amount.                                     |      |

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## Part B Continuation Page

| 8. Name and address of Busine       | ess (including trade name, if any). | 9. Business deals with:                           |       |
|-------------------------------------|-------------------------------------|---|-------|
| Name Loomis Sayles                  |                                     | a. Labor Organization                             |       |
| Trade Name, if any:                 |                                     |   |       |
| P.O. Box, Bldg., Room No., if a     | INY Suite 300                       | X b. Trust  |       |
| Street 39533 Woodward               | Ave.                                | c. Employer                                       |       |
| City Bloomfield Hills               |                                     |   |       |
| State Michigan                      | ZIP Code + 4 48304                  |   |       |
| 10. If 9.b. or 9.c. is checked give | trust or employer's name.           | 11.a. Nature of such dealing.                     |       |
| Name Jeff Wardlow                   |                                     | entertainment                                     |       |
| Trade Name, if any:                 |                                     |   |       |
| P.O. Box, Bldg., Room No., if a     | ny                                  |   |       |
| Street same as above                |                                     |   |       |
| City                                |                                     |   |       |
| State                               | ZIP Code + 4                        | 11.b. Approximate dollar value of such dealing.   | \$125 |
|                                     |                                     | 12.a. Nature of interest held or income received. |       |
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|                                     |                                     | 12.b. Amount.                                     |       |

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## Part B Continuation Page

|   | The state of the s |
|---|--|
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:  |
| Name  | a. Labor Organization  |
| Trade Name, if any:   | a. Labo: Organization  |
| P.O. Box, Bidg., Room No., if any                               | b. Trust   |
|   | c. Employer  |
| Street  |  |
| City  |  |
| State ZIP Code + 4  | 44 c. Notice of such decline   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |
| Name  |  |
| Trade Name, if any:   |  |
| P.O. Box, Bldg., Room No., if any                               |  |
| Street  |  |
| City  |  |
|   |  |
| State ZIP Code + 4  | 11.b. Approximate dollar va ue of such dealing.  |
|   | 12.a. Nature of interest hald or income received.  |
| <b>:</b>  |  |
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|   | 12.b. Amount.  |

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## Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Katz, Sapper & Miller                                      | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any Suite #500                    | b. Trust  |
| Street 800 East 96th St.  | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46240                                |   |
| 10. if 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name Tim Almack   | entertainment   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street same as above  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$125 |
|   | 12.a. Nature of interest held or income received.     |
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|   |   |
|   | 12.b. Amount.   |

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# Part B Continuation Page

| 8. Name and address of Business (including trad         | e name, if any). | 9. Business deals with:                               |
|---|------------------|---|
| Name I2 Advisors  |                  | a. Labor Organization                                 |
| Trade Name, if any: Indianapolis Insura                 | ance             | ≿ b. Trust  |
| P.O. Box, Bldg., Room No., if any Suite 200             |                  | ^   |
| Street 748 Bates St.                                    |                  | c. Employer   |
| City Indianapolis                                       |                  |   |
| State Indiana ZIP Co                                    | ode + 4 46202    |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's | name.            | 11.a. Nature of such dealing.                         |
| Name Leo LaGrotte                                       | :                | entertainment   |
| Trade Name, ⊯f any:                                     |                  |   |
| P.O. Box, Bldg., Room No., if any                       |                  |   |
| Street same as above                                    |                  |   |
| City  |                  |   |
| State ZIP Co  | ode + 4          | 11.b. Approximate dollar value of such dealing. \$100 |
|   |                  | 12.a. Nature of interest held or income received.     |
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|   |                  | 12.b. Amount.   |
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## Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name Katz, Sapper & Miller                                      | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any Suite #500                    | × b. Trust  |
| Street 800 East 96th St.  | c. Employer   |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46240                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name Tim Almack   | Entertainment/Pacar game                              |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street same as above  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$139 |
|   | 12.a. Nature of interest he'd or income received.     |
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|   |   |
|   | 12.b. Amount.   |

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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                               |
|---|---|
| Name McDonnell Investments                                      | a. Labor Organization                                 |
| Trade Name, if any:   |   |
| P.O. Box, Bidg., Room No., if any                               | b. Trust  |
| Street 1515 West 22nd Street                                    | c, Employer   |
| City Oak Brook  |   |
| State Illinois ZIP Code + 4 60523                               |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                         |
| Name Mike Kamaradt  | Entertainment/golf                                    |
| Trade Name, if any:   |   |
| P.O. Box, Bidg., Room No., if any                               |   |
| Street same as above  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$198 |
|   | 12.a. Nature of interest he'd or income received.     |
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|   |   |
|   | 12.b. Amount.   |

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# Part B Continuation Page

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                           |
|---|---|
| Name Central Indiana Building & Construction Trad               | a. Labor Organization                             |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               | × b. Trust  |
| Street 1520 N. Riverside Drive East                             | c. Employer                                       |
| City Indianapolis   |   |
| State Indiana ZIP Code + 4 46202                                |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                     |
| Name Gary Coss  |   |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street same as above  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.   |
|   | 12.a. Nature of interest held or income received. |
|   | Per Diem for meeting expenses                     |
|   |   |
|   |   |
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|   | 12.b. Amount. \$19,500                            |